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ATTN. Olubusola Oni

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FROM Volel Emile, Esq.

Fax Number 512 306 0240

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SUBJECT Response to 1st Action (10/697,911)

Number of Pages 29

Date 9/1/2006

MESSAGE

This fax Transmission contains:

1. one copy of a Fax transmittal Form;
2. one copy of an IDS Transmittal;
3. one copy of Form PTO-1449;
4. one copy of an English Abstract of JP9218867;
5. one copy of a Fee Transmittal Letter, no fee included; and
6. one copy of the Response.

Volel

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P TO SB/21 (02-04)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/697,911
		Filing Date 10/30/2003
		First Named Inventor Brian Farm
		Art Unit 2169
		Examiner Name Clubusola Ord
Total Number of Pages in This Submission 1		Attorney Docket Number CAB20030001US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to ITC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name Volel Emile
Signature
Date 09/01/2006

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Typed or printed name Volel Emile		Date 09/01/2006
Signature 		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SEP 01 2006

Appl. No. 10/697,911
 Transmittal of Response dated 09/01/2006
 Reply to Office Action of 06/02/2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:	:	
Farn et al.	:	
Serial No: 10/697,911	:	Before the Examiner: Olubusola Oni
Filed: 10/30/2003	:	Group Art Unit: 2168
Title: PROCESSING FIXED-FORMAT DATA IN A UNICODE ENVIRONMENT	:	Confirmation No.: 9639

AMENDMENT TRANSMITTAL

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

No additional fee is required
 The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	23	MINUS	29	= 0	x 50 = \$ 0.00
Indep.	4	MINUS	4	= 0	x 200 = \$ 0.00
1st Presentation of Multiple Dep. Claim					x 360 = \$ 0.00
					TOTAL \$ 0.00

Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.
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Appl. No. 10/697,911

Transmittal of Response dated 09/01/2006
Reply to Office Action of 06/02/2006

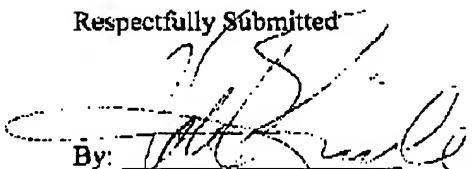
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X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

X Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 CFR §1.17.

Respectfully Submitted:

By: 

Volel Emile
Attorney for Applicants
Registration No. 39,969
(512) 306-7969

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